WHC-CM-5-4,	Laboratories	Administration

Release 50
December 17, 1996
Page 1 of 6

Section	Title RECEIVE	D 4 60 Revision	Effective Date
1.0	POLICIES POLICIES	LUOID	 r
1.1	Safety Priority and Procedure Compliance Policy	4	12/16/96
2.0	ORGANIZATION		-
NOTE:	The charter for Analytical Services may be found in WHC-CM-1, Company Policies and Charters.		
2.1	Charters — Section Title (no text)		
2.1.1	222-S Analytical Operations Charter	3	04/13/95
2.1.2	222-S Facility Operations Charter (incorporated into 2	.1.1) <u>Canceled</u>	10/22/93
2.1.3	Program Management and Integration Charter	. 2	04/05/95
2.1.4	Work Control and Data Management Charter	Canceled	04/26/95
2.1.5	Office of Sample Management	Canceled	04/26/95
2.1.6	Plutonium Finishing Plant Engineering Laboratory	Canceled	07/06/95
2.1.7	Process Laboratories and Technology Charter	Canceled	07/11/95
2.1.8	PUREX Analytical Laboratories Charter	Canceled	07/20/95
2.1.9	Engineering and Technology Services Charter	1	03/31/95
2.2	Committees, Boards, and Task Teams	Canceled	08/17/95
2.2.1	Laboratory Instrument Control Board Charter	<u>Canceled</u>	09/18/96
2.2.2	Chemical Hygiene Committee Charter	1	05/31/95
2.2.5	Laboratories ALARA Committee Charter	Canceled	09/14/95
2.2.6	Laboratories Pollution Prevention Team Charter	1	05/01/95
2.2.8	Laboratory Facility Plant Review Committee Charter	Canceled	06/12/96
2.3.1	Waste Sampling and Characterization Facility — Starts Charter	ip <u>Canceled</u>	04/12/95
2.3.2	Waste Sampling and Characterization Facility — Analytical Operations Charter	2	02/26/96
2.3.3	Quality Systems Charter	1	08/02/96
2.3.4	Laboratory Transition Charter	0	03/21/95
2.3.6	222-S Production/Scheduling Charter	0	08/05/96

Section	<u>Title</u>	Revision	Effective Date
3.0	ADMINISTRATION		-
3.1	Manual Administration	5	03/29/95
3.1-A	Manual Administration — Procedure (incorporated into Section 3.1, Rev. 5)	Canceled	04/05/95
3.2	Out-of-Tolerance Report System	Canceled	01/15/93
3.3	Corrective Action Requirements, Occurrence Categorization, Notification, and Reporting (moved to 6.7)	Canceled	09/13/93
3.4	Data Package Preparation	1	08/15/94
3.5	Administration for Nuclear Materials	. 4	09/09/96
3.6	Laboratories Entry Requirements	0	03/07/95
3.7	222-S Complex Radiological Postings	Canceled	07/25/95
3.8	Shift Turnover at 222-S Laboratories Complex	Canceled	. 07/06/95
3.9	Laboratory Procedures	5	01/15/96
3.10	Procedure Changes and Procedure Change Authorizations (incorporated into 3.9, Rev. 3)	Canceled	03/23/95
3.11	Format and Content Guide for Analytical Services Technical Procedures	0	11/03/95
3.12	Internal Audit Program (moved to 8.5)	Canceled	08/15/94
3.13	Unreviewed Safety Questions (USQ) Program	Canceled	06/12/96
3.14	Laboratory Sample Tracking	0	08/15/94
3.14-A	Laboratory Sample Tracking — Procedure	0	08/15/94
3.15-A	Data Package Administrative Verification — Procedure	0	08/15/94
3.16	Data Package Control Requirements and Procedure	2	05/01/96
3.16-A	Data Package Control — Procedure (incorporated into 3.16, Rev. 1)	Canceled	03/01/95
3.17	222-S Laboratory Radioactive Material Inventory Control Program	Canceled	09/14/95
3.18	Hanford Environmental Information System (HEIS) Data Entry	0	03/30/95
3.19	Sample Authorization Form (SAF) Issuance and Procedure	0	-03/30/95
3.26	Terms and Conditions of Requests for Services at the Waste Sampling and Characterization Facility	0	07/30/96

Section	<u>Title</u>	Revision	Effective Date
4.0	TRAINING		
4.1	Training Responsibilities and Definitions ("On-the-Job Training" moved to Section 4.4)	1	10/01/94
4.2	Training Development and Maintenance	0	11/30/93
4.3	Training Administration Change 1 (5)	1	11/15/95 01/22/96
4.4	On-The-Job Training	4	05/01/96
4.5	Training Programs	2	09/11/95
4.6 ·	Training Plan for 222-S Laboratory RCRA Waste Management Units	0	10/14/96
5.0	PROCEDURES		
5.1	Analytical Laboratory Procedures (renumbered 3.9)	<u>Canceled</u>	01/15/93
5.2	Supporting Documents	Canceled	09/15/92
5.3	Laboratory Directions	Canceled	09/15/92
5.4	Laboratory Test Programs	0	03/30/92
6.0	CONDUCT OF OPERATIONS		•
6.1	222-S/WSCF Daily Operating Instructions/Standing Orders	1	09/15/95
6.2	222-S Lockout/Tagout Guidance (replaced by LAP-01-100, 222-S Lockout/Tagout Guidance)	Canceled	01/23/96
6.7	Occurrence Categorization, Notification, and Reporting (Conduct of Operations Chapter 7)	7	07/10/96
6.7-A	Corrective Action Requirements, Occurrence Categorization, Notification, and Reporting — Procedure (incorporated into 6.7, Rev. 5)	Canceled	_ 06/06/95
6.8	Lessons Learned Administration	0	01/22/96
6.9	Required Reading	0	09/02/96
6.11	Logkeeping Practices	0	05/17/94
6.17	Operator Aid Postings	1	12/27/95

<u>Section</u>	<u>Title</u>	<u>Revision</u>	Effective Date
7.0	RECORDS MANAGEMENT		,
7.1	Laboratory Data Management Access Control for Data Packages	0	01/15/93
7.2	Quality Assurance Records	0	10/22/93
8.0	QUALITY ASSURANCE/QUALITY CONTROL		· .
8.1	222-S Laboratory Analytical Quality Assurance Plans	1	04/08/96
8.2	Laboratory Instrument Calibration Control System	Canceled	08/05/96
8.3	Laboratory Quality Affecting Software Control System	1	08/15/94
8.5	Laboratory Assessments	0	08/15/94
8.5-A	Laboratory Assessments — Procedure	0	08/15/94
8.6	Laboratory Computer Configuration Control	0	12/15/95
8.7	222-S Laboratory Management Assessments	0	11/21/95
<b>8.8</b> .	Corrective Action Management	0	01/08/96
8.9	Management Assesment Program	0	11/14/96
9.0	WORK CONTROL		
9.1	Material Control	1	11/21/95
9.1-A	Material Control — Procedure (incorporated into Section 9.1, Rev. 1)	Canceled	11/21/95
9.2	Restricted Access Area Signage	0	04/18/94
9.3	222-S Complex Construction Work Authorization	0	05/02/94
9.4	222-S High Radiation and Very High Radiation Area Access Control	2	<sup>-</sup> 12/12/96
9.5	Access Control Entry System (ACES)	0	10/16/95
9.8	Notice of Construction Review	0	08/26/96
10.0	LABORATORY INSTRUMENTS		
10.1	Instrument Preventive Maintenance	1	01/08/96

<u>Section</u>	<u>Title</u>	Revision	Effective Date
11.0	RADIOLOGICAL CONTROL		
11.1	Policy and Management Commitment	0	12/22/95
11.2	Assignment of Responsibilities	0	12/22/95
11.3	Administrative Control Levels	0	12/22/95
11.4	Radiological and ALARA Performance Goals/Indicators	0	12/22/95
11.5	ALARA Training	0	12/22/95
11.6	Plans and Procedures	0	12/22/95
11.7	Internal ALARA Program Reviews and Work Practice Assessments	0	12/22/95
11.8	Optimization Methodology	0	12/22/95
11.9	ALARA Design Reviews	0	12/22/95
11.10	ALARA Work Documentation	0	12/22/95
11.11	ALARA Program Records	0	12/22/95

This page intentionally left blank.

Rev 4

December 16, 1996

Page 1 of 4

,	Approved by
Safety Priority and Procedure Compliance Policy	[original signed by]
Procedure Compliance Folicy	A. G. King, Manager
	Hanford Analytical Services Program
Author:	G. B. Griffin
Organization:	222-S Operations
•	

#### 1.0 PURPOSE

İ

This manual shall be used by all Hanford Analytical Services Program (HASP) personnel. This includes, for the duration of their assignment, those individuals matrixed or contracted to the organization.

The following policies shall be known and understood by all HASP personnel:

1.1 Procedure compliance is mandatory.

Procedures shall be adhered to at all times.

Procedures shall be developed in accordance with this manual (Section 3.9, "Laboratory Procedures") to safely perform work activities that directly affect the operating or design configuration, operability or accuracy of HASP laboratory facilities, systems, equipment or components. Procedures shall be prepared for all anticipated conditions, events, and tasks, in accordance with this manual, Section 3.11, "Format and Content Guide for Analytical Services Technical Procedures."

In the event of a situation not covered by an approved procedure, personnel shall be directed to take action so as to:

- Maintain the laboratory in a safe condition
- Minimize personnel injury and radiation exposure
- Minimize radioactive release to the atmosphere
- Protect laboratory equipment.

All HASP procedures are designated as "reference use" as defined in WHC-CM-3-5, <u>Document Control and Records Management Manual</u>, Section 12.5, "Technical Procedure Standard." As "reference use" procedures, HASP personnel will not be required to have procedures open and in step-by-step usage if all of the following conditions apply:

- The activity is being conducted by qualified personnel
- The activity is routine and performed frequently

Page 2 of 4

- The activity is of a nature that an error in performance will not have a significant adverse impact on the facility
- A performance copy of the procedure is readily available
- The activity is being conducted exactly as stated in the procedure.

However, the procedure will be open and in continuous use if:

- A trainee is performing the activity
- Supervision or management has directed the user to do so
- The activity being conducted is nonroutine, complicated, or infrequent
- There is evidence, in the form of incidents or observations, that show a general weakness in procedural knowledge
- The procedure contains signoffs
- An error in performance could cause significant adverse impact on the facility
- The procedure contains an Operational Safety Limit.

Laboratory personnel shall be capable of performing the immediate action steps of emergency procedures without reference to the procedure.

Activities shall be conducted in a deliberate, methodical manner. In addition to strict adherence to procedures, the individual shall continuously evaluate the activity based on their own logical approach. Before performing any procedure, personnel must think about what could go wrong, what should occur as various steps are performed, and what they should do if expected events do not occur. There are very few problems where the personnel do not have a few moments to plan their actions, consult procedures, and then act.

The requirements for personnel to follow procedures do not relieve them of their responsibility to think and to ensure that their actions maintain the laboratory in a safe condition. If doubt exists in a person's mind about what will happen if they do a certain step of a procedure, the person shall not perform that step. Instead, the person shall stop and notify appropriate management and obtain clarification. Similarly, if a person believes a procedure to be incorrect, that person shall stop and notify management of the discrepancy. The person shall not proceed with the evolution until the procedure is changed and correct in accordance with Section 3.9, "Laboratory Procedures."

- 1.2 Safety will be the first priority in all areas of activity.
- 1.3 Safety is a condition of employment.
- 1.4 Personnel will observe all Master Safety Rules.

Safety Priority and Procedure Compliance Policy

### 2.0 RECORDS

Any records generated as a result of activities described in this section will be managed in accordance with applicable Records Inventory and Disposition Schedules.

#### 3.0 DESIGNATED REVIEWERS

Designated Reviewing Organizations	<u>CMPOC</u>
222-S Operations (Champion)	T6-16
WSCF	S3-28

#### | 4.0 REFERENCES

WHC-CM-3-5, Document Control and Records Management Manual

WHC-CM-5-4, Laboratories Administration

Safety Priority and Procedure Compliance Policy

This page intentionally left blank.